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CONFIRMATION NO. 8919

<b>SERIAL NUMBER</b> 10/085,575	<b>FILING OR 371(c) DATE</b> 02/26/2002 <b>RULE</b>	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 2125	<b>ATTORNEY DOCKET NO.</b> 67,008-037/S-5194
<b>APPLICANTS</b> Robert Karl Goodman, West Hartford, CT;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/271,792 02/27/2001 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/25/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 26096				
<b>TITLE</b> Computationally efficient means for optimal control with control constraints				
<b>FILING FEE RECEIVED</b> 1024	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	